



Complete Healthcare Supplies
5-1111 Gorham Street
Newmarket, ON
L3Y 8X8

For all Inquiries call **Sam Samet** at **416-931-0571**

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize **Complete Healthcare Supplies Inc.** to charge my Credit Card for all orders made by myself or an authorized representative from our company.

CREDIT CARD INFORMATION

Card Type

VISA



mastercard

Company Name

Name on Card (as shown on card)

Credit Card Number

Expiration Date

Security Code (on back of card)

Cardholder's Signature

Date Signed

Card Billing Address

Billing email Address

Max. Authorized Amount (If any)

Names of Authorized Buyers (if different from card holder)

1.

2.

Authorized to keep on file for all future invoices

Authorized for ONE single purchase ONLY

SEND CREDIT CARD AUTHORIZATION FORM TO



Email: info@completehealthcaresupplies.com



Fax: 905-235-7246